

Please mail this completed form to:
Gallatin County Elections Office
311 West Main, Room 103
Bozeman, MT 59715

For office use only ↓

Polling Place	Date	Pct	Ward	School	House	Senate				Reg. #
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TO REGISTER: All items, except where noted, must be completed to register to vote.

Under federal and/or state law, all electors must present ID when voting.

1. Are you a citizen of the United States of America? ☐ Yes ☐ No*
2. Will you be 18 years of age on or before election day? ☐ Yes ☐ No*

***Note:** If you checked "no" in response to either of these questions, do not complete this form.

3. **MONTANA DRIVER'S LICENSE #** _____

(If you do not have a Montana driver's license number, list the LAST FOUR DIGITS OF SOCIAL SECURITY # _____)

Under federal law you are required to provide one of the above, unless you do not have either. If you have neither, provide a copy of ID specified under 13-2-110, MCA.)

4. Email Address (optional) _____

5. **NAME**

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(Please print) Last First Middle

6. **COUNTY** _____

7. **ADDRESS WHERE YOU LIVE***

*Precinct is determined by address where you live.

(Street, City, Zip OR Sec., Twp. & Range)

8. **MAILING ADDRESS** (If different than #7)

9. **TELEPHONE NUMBER**

10. **DATE OF BIRTH** ____/____/____
Month Day Year

11. **PRINT FORMER NAME** (if changed)

12. **PLACE LAST REGISTERED**

CITY COUNTY STATE

13. **VOTER DECLARATION** (Read and sign below)

I swear/affirm that: **a)** I am a U.S. citizen; **b)** I will be at least 18 years old on or before the next election; **c)** I will have lived in this county for at least 30 days before the next election; **d)** I am neither in a penal institution for a felony conviction nor found of unsound mind by a court; **e)** If I do not now meet these qualifications, I will by the next election; and **f)** I have provided true information, to the best of my knowledge under penalty of perjury. If I have given false information, I may be subject to a fine or imprisonment or both under Federal or State laws.

14. **SIGNATURE** _____ **DATE** _____